VLU

T.I.M.E.[1,2] clinical decision support tool

Venous leg ulcer

START HERE

A — ASSESS patient, wellbeing and wound[1-3]

Venous leg ulcer

Arterial ulcer

- Establish diagnosis and baseline characteristics for appropriate support and comorbidities that may impact healing
- Record wound type, location,size, wound bed condition, signs of infection / inflammation, pain location and intensity, adherence / concordance to treatment
- Assess surrounding skin
- Limb assessment – ankle mobility
- Visual skin inspection – varicose veins, haemosiderin staining, atrophy blanche, dermatitis
- Vascular assessment:
  Clinical diagnostics ABPI / duplex scan / palpation
- Palpation of pedal pulses

B — BRING in multi-disciplinary team (MDT) and informal carers to promote holistic patient care[3,4]

- Record referral to vascular / wound care specialist / GP / multi-disciplinary team

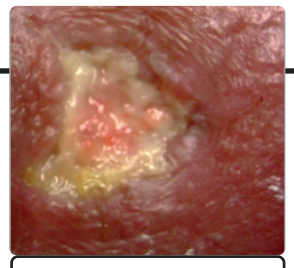
C — CONTROL or treat underlying causes and barriers to wound healing[3,4]

- Record multi layer compression bandages or alternative compression systems according to above assessment
- Patient education- mobility and elevation of limb, concordance with therapy

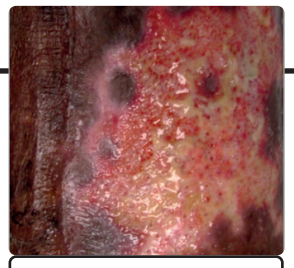
D — DECIDE appropriate treatment

T — Tissue non-viable[1,2]

1. IDENTIFY THE BARRIERS TO WOUND HEALING



Light slough



Fibrous slough

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

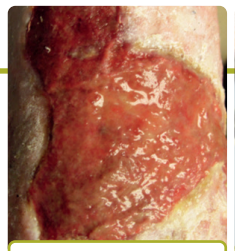
- Cleansing and debridement
- Hydrogel and Deslougher*
- **INTRASITE◊ GEL** or **INTRASITE CONFORMABLE Dressing**
- **IODOFLEX◊** or **IODOSORB◊** Range

3. WOUND MANAGEMENT OUTCOME

Viable healthy wound bed

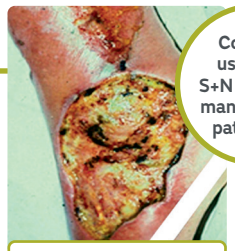
I — Infection and / or Inflammation[1,2]

1. IDENTIFY CLINICAL SIGNS AND SYMPTOMS OF INFECTION



Biofilm[5-8] and/or covert (subtle)[5,6]

Overt (classic)[5,6]



Spreading or systemic infection[5,6]

Consider using the S+N Infection management pathway[12]

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

- Manage bioburden
- Biofilm wound care[∞7,8]
- Local wound infection management[++5,6,9]
- **IODOSORB◊** 0.9% Cadexomer Iodine Ointment / **IODOFLEX◊** Cadexomer Iodine Dressing
- **ACTICOAT◊ Range**
  For spreading or systemic infection management, immediately refer to appropriate specialist and systemic antibiotics per local protocol

3. WOUND MANAGEMENT OUTCOME

Non-inflamed, non-infected wound

M — Moisture imbalance[1,2]

1. IDENTIFY THE BARRIERS TO WOUND HEALING

Dry

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2. SELECT PRIMARY & SECONDARY INTERVENTIONS

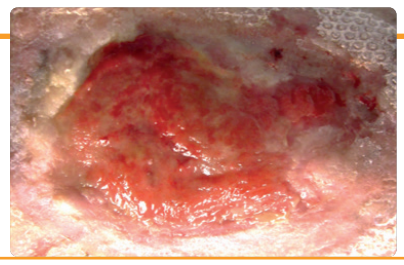
- Restore moisture balance
- Hydrogel*
- Foam, gelling fibre or NPWT†
- **INTRASITE GEL** or **INTRASITE CONFORMABLE Dressing**
- **ALLEVYN◊ GENTLE BORDER, ALLEVYN GENTLE, DURAFIBER** or **PICO◊‡**
- **ALLEVYN LIFE, ALLEVYN LIFE Non-Bordered, DURAFIBER** or **RENASYS◊**

3. WOUND MANAGEMENT OUTCOME

Optimal moisture balance

E — Edge of wound non-advancing[1,2]

1. IDENTIFY THE BARRIERS TO WOUND HEALING



Non-advancing or abnormal wound edge

2. SELECT PRIMARY & SECONDARY INTERVENTIONS

- Promote epithelialisation and healthy periwound skin
- NPWT and skin care**
- **PICO** or **RENASYS System SECURA◊/PROSHIELD◊** Range§

3. WOUND MANAGEMENT OUTCOME

Advancing edge of wound

*Use appropriate secondary dressing as per your local protocol. **Consider whether wound edge debridement is also required.

E — EVALUATE and reassess the treatment and wound management outcomes

Evaluate: Record wound progression within given timelines.

Flag if no change, go back to **A, B, C** and change treatment where indicated. Once wound is healed, implement care plan to avoid re-occurrence.

PRE-REQUISITE: Non-wound care specialists need to be trained on T.I.M.E. Wound Bed Preparation and how to conduct comprehensive wound assessment. Developed with the support of Glenn Smith[10] and Moore *et al.* 2019[11]

†NPWT: Negative Pressure Wound Therapy. ‡Level of exudate for wounds suitable for NPWT. §SECURA Range includes SECURA Moisturising Cleanser, SECURA Total Body Foam, SECURA Dimethicone Protectant, SECURA Extra Protective Cream, No Sting Skin Prep; PROSHIELD Range includes PROSHIELD Plus and PROSHIELD Foam and Spray. ∞Biofilm wound care: Debridement, cleanse and use anti-biofilm agent, ++ Debride and cleanse and use effective topical antimicrobial as per local protocol.

Reference: 1. Schultz GS, *et al.* Wound Rep Reg (2003);11:1–28; **2.** Leaper DJ, *et al.* Int Wound J 2012; 9 (Suppl. 2):1–19; **3.** Kantor J, *et al.* Br J Dermatol 2000; 142: 960–964; **4.** Gelfand JM, *et al.* J Invest Dermatol 2002; 119: 1420–1425; **5.** International Wound Infection Institute (IWII) Wound infection in clinical practice. Wounds International (2016). **6.** Weir D, Schultz G. Assessment and Management of Wound-Related Infections. In Doughty D & McNichol L (Eds.). Wound, Ostomy and Continence Nurses Society Core Curriculum: Wound Management (p. 156–180). 2016. Philadelphia: Wolters-Kluwer. **7.** Wolcott RD, *et al.* J Wound Care 19(2): 45–53 (2010). **8.** Schultz G, *et al.* Wound Repair Regen 25(5): 744–757 (2017). **9.** Ayello EA, *et al.* Wounds Int 1–24 (2012). **10.** Smith G, *et al.* Journal of Wound Care 2010, vol 19, no.9; **11.** Moore Z, *et al.* Journal of Wound Care, vol 28, no 3, March 2019: 154–161. **12.** Dowsett C, *et al.* Wounds Int. 2020;11(3):20–27.

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